

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR	OFFICE S	USE ONLY	
	STATE OF H	B14 HMA	
	AWAII	A9 :05	

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

DADTI LOPPVICT							
PART I LOBBYIST							
NAME(Last)	(First)	(Middle)	TELEPHONE				
Botti	Richard	C.	(808) 479-7966				
•			' '				
MAILING ADDRESS (Street)			FAX				
(Street)							
677 Ala Moana Blvd., Suite 815			(000) 500 0000				
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(City)	(State)	(7in	Code)				
(City)	(State)	(Zip	Code)				
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Honolulu	Hawaii	96813	•				
EMPLOYING ORGANIZATION (Fill in or	nly if you are employed by a business en	tity which has been retained to lobby)	TELEPHONE				
	(808) 533-6750						
LEGISLATIVE INFORMATION SERVICES OF HAWAII, INC.							
MAILING ADDRESS (Street)			FAX				
,			(808) 599-2606				
677 Ala Moana Blvd., Suite 815							
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PART II ORGANIZATION		
		TELEPHONE(808) 536-7702
Hawaii Medical Association		
MAILING ADDRESS (Street)		FAX (808)528-2376
		, ,
1360 S. Beretania St., Suite 200		(7. 0.1.)
(City)	(State)	(Zip Code)
Honolułu	HI	96814
Tionolulu	111	
NAME OF PERSON RESPONSIBLE FOR PRE	XPENDITURES STATEMENT TELEPHONE (808) 536-7702	
Paula Arcena		
MAILING ADDRESS (Street)		FAX (808) 528-2376
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1360 S. Beretania St.		
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(City)	(State)	(Zip Code) 96814
Honolulu	HI	30017

PART III DESCRIPTION O	OF SUBJECTS LIDON WHIC	H YOU EXPECT TO LOBBY			
DESCRIPTION C	JI SOBSECTS OF ON WHICE	TOU EXPECT TO LOBBY			
[] Agriculture	[X] Education	[X] Human Services	[X] Science, Technology &		
[] Communications & Public Utilities	[X] Government Operations & Finance	[X] Intergovernmental Relations,	Economic Development [] Tourism & Recreation		
[X] Consumer Protection & Commerce	[] Hawaiian Affairs	International Affairs [X] Labor & Employment	[] Transportation		
[] Culture, Arts, Historic Preservation	[X] Health	[] Planning, Land & Water	[] Other: (indicate below)		
[] Ecology, Energy Environmental Protection	[] Housing	Use Management [] Public Safety & Corrections			
PART IV CERTIFICATION	N OF LOBBYIST				
I hereby certify that the	information fumished above	is, to the best of my knowledge	e, correct and complete.		
15	900 K				
- July	(Signature of Lobbyist)		(Date)		
	(Signature of Lobbyist)		(Date)		
PART V AUTHORIZATIO	N TO LORRY				
NAME	N TO LOBBI	TITLE OF AUTHORIZING OFFICE	CER OR PERSON REPRESENTED		
		THEE OF ACTIONIZING OF THE	DEN ON FEROOM NEI REGENTED		
Paula Arcena	Execu	tive Director			
NAME OF ORGANIZATION (if app	olicable)	T	ELEPHONE(808) 536-7702		
Hawaii Medical Association					
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MAILING ADDRESS (Street)		F	FAX (808) 528-2376		
1360 S. Beretania St., Suite 200					
(City)	(State)	(Zip Co	de)		
Honolulu					
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
Flele 1-6-06					
(Signat	ure of Authorizing Officer or Person	Represented)	(Date)		